State of New Hampshire



Banking Department

53 Regional Drive, Suite 200 Concord, NH 03301

> Telephone: (603) 271-3561 Fax: (603) 271-0750 Licensing: (603) 271-8675 www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER INSTRUCTIONS:

- 1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.
- 2. Criminal record checks are conducted by the State of New Hampshire Department of Safety, State Police Division and will include an FBI record check. The fee for processing the Criminal Record check is as follows:

State Police fee: \$25.00

FBI fee: \$26.50 for an ink card; \$16.50: live scan (please note that at this time live scan can only be processed in the State of New Hampshire).

The \$51.50 (or \$41.50 for live scan) may be aggregated into one check if record checks are to be performed for more than one individual. (e.g. 2 cards \$103.00) They will not accept 2 checks such as one for \$25.00 and an additional check for \$26.50). All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."

- 3. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the applicant or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
- 4. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.
- 5. Every person *must* complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED":
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");

- g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
- h. "EMPLOYER NAME AND ADDRESS";
- i. "SOCIAL SECURITY NO. SOC".
- 6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED":
 - f. "MISCELLANEOUS NO. MNU.
- 7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
- 8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$51.50, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety

DIVISION OF STATE POLICE

Central Repository for Criminal Records 33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM

Authority: one box MUST be selected ☐ NH RSA 399-A:1-A:3 ☐ NH RSA 361-A:2 Sales Finance & Retail Sellers Small Loan Lenders NH RSA 397-A:1-A:5 Mortgage Bankers/Brokers ☐ NH RSA 399-D:2-D:5 **Debt Adjusters** ☐ NH RSA 397-B:1-B:4 Mortgage Servicers **☐ NH RSA 399-G:5** Money Transmitters CONSUMER CREDIT DIVISION **SECTION I** PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED NAME ____ (MAIDEN/ALIAS) **FIRST** MI ADDRESS CITY STATE ZIP CODE DATE OF BIRTH_____ HAIR COLOR____ EYE COLOR____ SEX___ DRIVER LICENSE NUMBER______ STATE_____ My below signature certifies I am the individual listed above and that the information provided is true. YOUR SIGNATURE: Signed under penalty of unsworn falsification pursuant to RSA 641:3. SECTION II IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF, ALL OF SECTION II MUST BE COMPLETED I hereby authorize the release of my criminal record conviction(s), if any, to the following individual: CONSUMER CREDIT DIVISION / NEW HAMPSHIRE BANKING DEPARTMENT NAME OF PERSON / FIRM TO RECEIVE RECORD ADDRESS <u>53 REGIONAL DRIVE, SUITE 200</u> CONCORD NH ZIP CODE STREET CITY STATE DATE YOUR SIGNATURE NOTARY'S SIGNATURE_ (Affix Seal) RONALD A. WILBUR, BANK COMMISSIONER DATE SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD (Make checks payable to: "State of NH - Criminal Records.") Must select one: ☐ LIVESCAN 41.50 ☐ INKED - \$51.50 Applicant fingerprint card must be submitted at the same time as payment and this form.